FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 12 00090061 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER James** NAME Date Received **ELECTRONICALLY FILED** 07/15/2021 NICKNAME LAST **SUFFIX** Flannigan ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked CANDIDATE / ZIP CODE **OFFICEHOLDER** 12304B Cahone Trl MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78729 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Noel NAME NICKNAME LAST **SUFFIX** Landuyt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 10100 Lachlan Dr **ADDRESS** (Residence or Business) Austin, TX 78717 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 773-8437 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified Х reporting limit **PERIOD** Month Day Year Month Day Year **COVERED** 01/01/2021 **THROUGH** 06/30/2021

Month

ELECTION DATE

Year

Day

OFFICE HELD (if any)

10 ELECTION

11 OFFICE

Primary

General

ELECTION TYPE

12 OFFICE SOUGHT (if known)

Other

Runoff

Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Flannigan, James		14 Filer ID 00090061	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without It officeholders are required to report this information	t the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		 AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLES:	S ITEMIZED	\$ 340.93
	4. TOTAL POLITION	AL EXPENDITURES		\$ 10,405.14
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 4,710.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	
		J	ames Flannigan	
		Signature of	of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	er administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 12 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00090061 Flannigan, James **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 10,405.14 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	nmittee	Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form						Travel Out of District OTHER (enter a category not listed above)				
		_		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)			
	Sch: 1/9 Rpt: 4/12	⊢	Flannigan, 、	James						00090061				
4	Date	ı	Payee name											
L	01/04/2021	L	Adobe Crea	tive Cloud										
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de							
	\$43.29		151 South A	ılmaden Boule	vard									
			San Jose ,	CA 95113										
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description						
	OF EVDENDITUDE			nead/Rental Ex		/			outsi	de of Texas. Co	mplete Schedule T.			
	EXPENDITURE							_		officeholder livi	ng expense			
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9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office I	held			
	expenditure to benefit C/OI	H												
	Date		Payee name											
	02/01/2021		Adobe Crea	tive Cloud										
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de							
	\$43.29		151 South A	ılmaden Boule	vard									
			San Jose ,	CA 95113										
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Office Over	nead/Rental Ex	pense			=			mplete Schedule T.			
	-							—		officeholder livi	ng expense			
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_	Computate Chill V. V. II	<u> </u>	Samuel - L. 1000	l l-l		O#: 4 -	a. l- '			Otr.	a a l al			
	Complete ONLY if direct expenditure to benefit C/OI		anaidate/Offi	ceholder name	(Office sou	ynt			Office I	neid			
\vdash														
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			San Jose ,	CA 95113										
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/9 Rpt: 5/12	Flannigan, James 00090061
4	Date	5 Payee name
	04/01/2021	Adobe Creative Cloud
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.36	151 South Almaden Boulevard
		San Jose , CA 95113
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		software subscription
		contrare dabourpation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	05/03/2021	Adobe Creative Cloud
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.36	151 South Almaden Boulevard
		San Jose , CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		software subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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	Date	Payee name
	06/01/2021	Adobe Creative Cloud
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.36	151 South Almaden Boulevard
		San Jose , CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense software subscription
		Sultware subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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1	Total pages Schedule F1:	
	Sch: 3/9 Rpt: 6/12	Flannigan, James 00090061
4	Date	5 Payee name
	04/15/2021	Asian Pacific Islander Amer Public Affairs Comm Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4000 Truxel Rd #3
		Sacramento, CA 95834
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/04/2021	Authorize.net
	Amount (\$)	
	\$570.70	P.O. Box 8999
		San Francisco, CA 94128
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		online contribution processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	01/04/2021	Authorize.net
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.40	P.O. Box 8999
		San Francisco, CA 94128
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		merchant account fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	<u>'</u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expl		/ages	/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 EII ED NAME	<u> </u>				3	Filer ID	(Ethics Commission	Filers)
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L	Sch: 4/9 Rpt: 7/12	Flannigan, J	ames					00090001		
4	Date	5 Payee name								
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6	Amount (\$)	7 Payee addres	ss; City; S	state; Zip Co	de					
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L		Austin, TX 7	8/31							
8	PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b)	Description				
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						_		officeholder living		
						Fundraising &	ý g	enerai consi	uiting	
9	Complete ONLY if direct	Candidate/Office	ceholder name	Office sou	ght			Office he	eld	
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	\$179.00	520 S. Gran	d Ave., 2nd Floor #200)						
		Los Angeles	s, CA 90071							
	PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b)	Description				
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	\$179.00	520 S. Gran	d Ave., 2nd Floor #200)						
		Los Angeles	s, CA 90071							
	PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b)	Description				
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 8/12	Flannigan, James 00090061
4	Date	5 Payee name
	03/29/2021	Nationbuilder
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$179.00	520 S. Grand Ave., 2nd Floor #200
		Los Angeles, CA 90071
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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H	Date	Payee name
	04/29/2021	Nationbuilder
_	Amount (\$)	Payee address; City; State; Zip Code
	\$179.00	520 S. Grand Ave., 2nd Floor #200
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		Los Angeles, CA 90071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
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	Date	Payee name
	06/01/2021	Nationbuilder
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.00	520 S. Grand Ave., 2nd Floor #200
		Los Angeles, CA 90071
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
abor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 9/12	Flannigan, James 00090061
4	Date	5 Payee name
	06/29/2021	Nationbuilder
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$179.00	520 S. Grand Ave., 2nd Floor #200
		Los Angeles, CA 90071
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
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9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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	01/12/2021	Scale to Win
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	\$2,095.26	13742 Harper
		Santa Ana, CA 92703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
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_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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	03/26/2021	Payee name Streamyard.com
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	Amount (\$) \$240.00	Payee address; City; State; Zip Code 1870 Mckenzie Avenue
	\$240.00	1870 Micketizie Avertue
		Victoria POVONAVO Occasila
		Victoria BC V8N4X3 Canada
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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	expenditure to benefit C/OI	1
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salarie		OTHER (enter a category not listed above)				
		_			de explains how to	_			_		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/9 Rpt: 10/12		Flannigan, J	lames					00090061		
4	Date	5	Payee name								
	04/02/2021		Texas Apple	eseed							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (Code					
	\$1,837.50		1609 Shoal	Creek Blvd # 20	1						
			Austin, TX 7	8701							
8	PURPOSE	(2)				(h)) Description				_
ľ	OF	(۵)		e Categories listed at the s/Donations Mac		(0)	Description Check if travel	outsi	de of Texas, Com	nplete Schedule T.	
	EXPENDITURE			Officeholder/Polit					officeholder living	•	
							Donation				
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	expenditure to benefit C/O	Н				Ü					
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			San Jose, C	A 95113							
	PURPOSE OF	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Exp	ense					plete Schedule T.	
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			San Jose, C	A 95113							
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	experiorare to benefit C/Of	1									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide explain:		OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/9 Rpt: 11/12	Flannigan,	James					00090061	
4	Date	5 Payee name							
	03/22/2021	Zoom							
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Co	de				
	\$79.90	55 Almadeı	n Boulevard, 6th Floor						
		San Jose, (CA 95113						
8	PURPOSE OF		ee Categories listed at the top of this so	chedule)	(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expense			<u> </u>		de of Texas. Comp officeholder living	
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9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ght			Office he	eld
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	\$79.90	,	n Boulevard, 6th Floor	.o, <u>L</u> .p oo	uo				
	Ψ13.30	337 (11110001	T Bodievara, our Floor						
		San Jose, (CA 95113						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this so	chedule)	(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Comp officeholder living	
						Virtual meetir			expense
						VIII LUCI III CCIII	19	Joitware	
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ght			Office he	eld
	Date	Payee name							
	05/20/2021	Zoom							
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de				
	\$79.90	_	n Boulevard, 6th Floor	, ,					
		San Jose, (CA 95113						
	PURPOSE OF		ee Categories listed at the top of this so	chedule)	(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expense			ш		de of Texas. Comp officeholder living	
						Virtual meetir			expense
						THUCH THEE	.y .	JOHEVERIC	
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht aht			Office he	ald.
	expenditure to benefit C/O		iccholuel halle	Onice Suu	grit			Onice He	,iu
	· 								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Legal Services	emorials Expens			kpense /ages/	Contract Labor		Travel in District Travel Out of D OTHER (enter a	strict	ot listed above)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 9/9 Rpt: 12/12		Flannigan,	James							00090061		
4	Date	5	Payee name	9									
l	06/21/2021		Zoom										
6	Amount (\$)	7	Payee addre	ess; City	·,	State;	Zip Co	de					
l	\$79.90		55 Almade	n Boulevar	d, 6th Floor	•							
l													
			San Jose,	CA 95113									
8	PURPOSE	(a)	Category (5	See Categories li	isted at the top of	f this sche	dule)	(b)	Description				
l	OF EXPENDITURE			rhead/Rent					_		ide of Texas. Cor		ule T.
l									_		, officeholder livin	g expense	
l									Virtual meeti	ing :	sollware		
_													
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder na	ame	O	ffice sou	ght			Office h	eld	